

Regulators Take Historic Joint Action Against *Pacificare/UnitedHealth*

- Recovered \$1 Million from Exams and Complaint Investigations
- 133,000 Alleged Violations During 2005-2007
- Up to \$5,000 for Each Violation and/or Up to \$10,000 Per Violation
- Mishandling of Claims and Administrative Compliance
- 30% of Reviewed HMO Claims Denied Incorrectly
- 55% of Certain Claims Incorrectly Denied as Duplicate Submissions, When They Were Not
- 29% Reviewed Provider Disputes Handled Incorrectly
- Lack of Sufficient Staffing to Process Claims in a Timely Manner
- Lack of Efficient Procedures to Handle Provider Disputes
- Outsourced Certain Claims Processing Functions Without Approval from DMHC

